

Agency 71

Kansas Dental Board

Articles

71-4. CONTINUING EDUCATION REQUIREMENTS.

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Article 4.—CONTINUING EDUCATION REQUIREMENTS

71-4-1. Continuing education credit hours and basic cardiac life support certificate required for renewal of license of dentist and dental hygienist. (a) Each licensee shall submit to the board, with the license renewal application, a current “basic cardiac life support for the health care provider” certificate from the American heart association or a current certificate deemed equivalent by the board from a provider approved by the board. The continuing education hours for either certificate may be applied to the continuing education requirement specified in subsection (b). Any dentist licensee who holds a specialist certificate may consider these continuing education hours as pertaining to that licensee’s specialty hour requirement.

(b) Each dentist licensee shall submit to the board, with the license renewal application, evidence of satisfactory completion of at least 60 hours of continuing education courses that qualify for credit. Each dentist licensee who holds a specialist certificate shall provide evidence satisfactory to the board that at least 40 of the required 60 hours of continuing education are in courses in the specialty for which the licensee holds a specialist certificate. Each required course hour shall be completed in the 24-month period immediately preceding the date of expiration of the license. The term “courses” as used in this article shall include courses, institutes, seminars, programs, and meetings.

(c) Each dental hygienist licensee shall submit, with the license renewal application, evidence of satisfactory completion of at least 30 hours of continuing dental education courses that qualify for credit. Each course shall have been completed in

the 24-month period immediately preceding the date of expiration of the dental hygienist license.

(d) An extension of time to complete a continuing education requirement may be granted by the board if it finds that good cause has been shown. (Authorized by K.S.A. 2010 Supp. 65-1431 and K.S.A. 74-1406; implementing K.S.A. 2010 Supp. 65-1431; effective May 1, 1978; amended May 1, 1986; amended March 27, 1989; amended Dec. 27, 1996; amended Feb. 20, 2004; amended Jan. 6, 2012.)

Article 5.—SEDATIVE AND GENERAL ANESTHESIA

71-5-1. (Authorized by K.S.A. 74-1406 and implementing K.S.A. 1994 Supp. 65-144; effective Nov. 27, 1995; revoked Nov. 19, 2010.)

71-5-2. (Authorized by K.S.A. 1994 Supp. 74-1406 and implementing K.S.A. 1994 Supp. 65-1444; effective Nov. 27, 1995; revoked Nov. 19, 2010.)

71-5-3. (Authorized by K.S.A. 74-1406 and implementing K.S.A. 1996 Supp. 65-1444; effective Nov. 27, 1995; amended Nov. 7, 1997; revoked Nov. 19, 2010.)

71-5-4. (Authorized by K.S.A. 74-1406 and implementing K.S.A. 1996 Supp. 65-1444; effective Nov. 27, 1995; amended Nov. 7, 1997; revoked Nov. 19, 2010.)

71-5-5. (Authorized by K.S.A. 74-1406 and implementing K.S.A. 1994 Supp. 65-1444; effective Nov. 27, 1995; revoked Nov. 19, 2010.)

71-5-6. (Authorized by K.S.A. 74-1406 and implementing K.S.A. 1994 Supp. 65-1449; effective Nov. 27, 1995; revoked Nov. 19, 2010.)

71-5-7. Definitions. As used in these reg-

ulations, the following terms shall have the meanings specified in this regulation:

(a) “Administer” means to deliver a pharmacological agent to the patient by an enteral or a parenteral route at the direction of a dentist while in a dental office.

(b) “Adult patient” means a patient who is more than 12 years of age.

(c) “Anxiolysis” means the diminution or elimination of anxiety through the means of a single drug or combination of agents prescribed or administered by a dentist and used so as not to induce conscious sedation when used alone or in combination with nitrous oxide.

(d) “Conscious sedation” and “conscious sedative state” mean a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands and that is produced by any pharmacological or nonpharmacological agent or a combination of these agents.

(e) “Deep sedation” means an induced state of depressed consciousness accompanied by a partial loss of protective reflexes or the ability to continuously and independently maintain an airway and to respond purposefully to physical stimulation or verbal commands. Deep sedation is produced by a pharmacological or nonpharmacological agent or a combination of these agents.

(f) “Dentist” means any person licensed by the board to practice dentistry and any person licensed to practice medicine and surgery that practices dentistry as a specialty.

(g) “End-tidal carbon dioxide monitoring” means a process to determine the percent of carbon dioxide in a patient’s breath through the use of a carbon dioxide monitor.

(h) “Enteral conscious sedation” and “combination inhalation-ental conscious sedation” mean the use of one or more sedative agents that are absorbed through the gastrointestinal tract or oral mucosa, including by oral, rectal, and sublingual administration, either by themselves or in combination with nitrous oxide and oxygen to render a patient in a conscious sedative state.

(i) “General anesthesia” means an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continuously and independently maintain an airway and to respond purposefully to physical stimulation or verbal commands. General anesthesia is produced by a pharmacological or

nonpharmacological agent or a combination of these agents.

(j) “Medical care facility” has the meaning specified in K.S.A. 65-425 and amendments thereto.

(k) “Parenteral conscious sedation” means the use of one or more sedative agents that bypass the gastrointestinal tract, including by intramuscular, intravenous, intranasal, submucosal, subcutaneous, and intraocular administration, to render a patient in a conscious sedative state.

(l) “Treating dentist” means a dentist with a level I, II, or III permit who treats a patient while the patient is under conscious sedation, deep sedation, or general anesthesia.

(m) “Vital signs” means blood pressure, heart rate, and respiratory rate. (Authorized by K.S.A. 2008 Supp. 65-1444 and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444; effective Nov. 19, 2010.)

71-5-8. Applicability of regulations. The regulations in this article shall apply in all treatment settings except when a dentist is treating a patient in a medical care facility. (Authorized by K.S.A. 2008 Supp. 65-1444 and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444; effective Nov. 19, 2010.)

71-5-9. General requirements. (a) A dentist shall not be required to obtain a permit from the board to administer nitrous oxide and oxygen to a patient of any age when either substance is used alone or with a local anesthetic.

(b) A dentist shall not be required to obtain a permit from the board to prescribe sedative agents designed to achieve only anxiolysis to a patient of any age.

(c) Each system used to administer nitrous oxide shall include an operational fail-safe mechanism to ensure the delivery of not less than 25 percent oxygen to the patient.

(d) On and after December 1, 2010, a dentist shall not administer enteral conscious sedation or combination inhalation-ental conscious sedation to a patient 12 years of age or younger unless the dentist has a current level I, II, or III permit issued by the board and has completed one of the following training requirements:

(1) A residency program approved by the board in dental anesthesia or pediatric dentistry or any other program that the board determines to be equivalent;

(2) a residency program approved by the board in general practice, oral and maxillofacial surgery,

endodontics, periodontics, or other advanced education in general dentistry, which shall include training in conscious sedation for patients 12 years of age or younger; or

(3) a postgraduate course or training program approved by the board that includes training in conscious sedation for patients 12 years of age or younger.

(e) On and after December 1, 2010, a dentist shall not administer parenteral conscious sedation to a patient 12 years of age or younger unless the dentist has a current level II or III permit issued by the board and has completed one of the following training requirements:

(1) A residency program approved by the board in dental anesthesia or pediatric dentistry or any other program that the board determines to be equivalent;

(2) a residency program approved by the board in general practice, oral and maxillofacial surgery, endodontics, periodontics, or other advanced education in general dentistry, which shall include training in parenteral conscious sedation for patients 12 years of age or younger; or

(3) a postgraduate course or training program approved by the board that includes training in parenteral conscious sedation for patients 12 years of age or younger.

(f) On and after December 1, 2010, a dentist shall not administer deep sedation or general anesthesia to a patient 12 years of age or younger unless the dentist has a current level III permit issued by the board and has completed one of the following training requirements:

(1) A residency program approved by the board in dental anesthesia or pediatric dentistry or any other program that the board determines to be equivalent;

(2) a residency program approved by the board in general practice, oral and maxillofacial surgery, endodontics, periodontics, or other advanced education in general dentistry, which shall include training in deep sedation or general anesthesia for patients 12 years of age or younger; or

(3) a postgraduate course or training program approved by the board that includes training in deep sedation or general anesthesia for patients 12 years of age or younger.

(g) On and after December 1, 2010, a dentist shall not administer enteral conscious sedation or combination inhalation-enteral conscious sedation to an adult patient unless the dentist has a current level I, II, or III permit issued by the board.

(h) On and after December 1, 2010, a dentist shall not administer parenteral conscious sedation to an adult patient unless the dentist has a current level II or III permit issued by the board.

(i) On and after December 1, 2010, a dentist shall not administer deep sedation or general anesthesia to an adult patient unless the dentist has a current level III permit issued by the board.

(j) A dentist shall not be required to obtain a level I, II, or III permit if the sedative agent used is administered to the dentist's patient by a person licensed under Kansas law to administer this agent without supervision.

(k) On and after December 1, 2010, only a dentist with an appropriate license or permit, another person authorized by Kansas law to administer the sedative agent under supervision at the time of administration, or a person authorized by Kansas law to administer the sedative agent without supervision may administer a sedative agent that is designed to achieve anxiolysis, enteral conscious sedation, parenteral conscious sedation, deep sedation, or general anesthesia as part of a dental procedure.

(l) Each dentist shall submit a written report to the board within 30 days of any mortality or morbidity that resulted in transportation to an acute medical care facility or that is likely to result in permanent physical or mental injury to a patient during, or as a result of, any general anesthesia-related or sedation-related incident. The report shall include the following:

(1) A description of the dental procedure;

(2) a description of the preoperative physical condition of the patient;

(3) a list of the sedative agents and dosages administered, with the time and route of each administration;

(4) a description of the incident, which shall include the following:

(A) The details of the patient's symptoms;

(B) the treatment attempted or performed on the patient; and

(C) the patient's response to the treatment attempted or performed;

(5) a description of the patient's condition upon termination of any treatment attempted or performed; and

(6) the name of each auxiliary staff member in attendance. (Authorized by K.S.A. 2008 Supp. 65-1444 and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444; effective Nov. 19, 2010.)

71-5-10. Level I permit: enteral conscious sedation or combination inhalation-enteral conscious sedation. (a) To be eligible for issuance of a level I permit, each dentist shall submit the following to the board:

(1) An application on the form provided by the board;

(2) evidence of a current “basic cardiac life support for the health care provider” certificate from the American heart association or a current certificate deemed equivalent by the board from a provider approved by the board;

(3)(A) Evidence of having successfully completed a course or postdoctoral training program in the control of anxiety and pain in dentistry that is approved by the board; or

(B) evidence of performance of 20 clinical cases of conscious sedation over the preceding five years, which shall be evaluated by the board;

(4) the level I permit fee of \$100; and

(5) an explanation of any sedation-related mortality or morbidity that occurred to a patient of the applicant during the preceding five years and could have been associated with the administration of a sedative agent.

(b) To be approved by the board, each course or training program specified in paragraph (a)(3)(A) shall meet the following requirements:

(1) Provide comprehensive training in the administration and management of enteral conscious sedation or combination inhalation-enteral conscious sedation;

(2) include training in patient evaluation and selection, use of equipment, personnel requirements, monitoring, documentation, patient medical management, and emergency management; and

(3) include a minimum of 18 hours of education and 20 clinical experiences, which may be simulation or video presentations, or both, but shall include at least one experience in which a patient is deeply sedated and returned to consciousness.

(c)(1) Each level I permit shall be renewed before the expiration of the dentist’s license and as part of the biennial license renewal.

(2) To apply for renewal of a level I permit, each dentist shall provide the following to the board:

(A) Evidence of a current “basic cardiac life support for the health care provider” certificate from the American heart association or a current certificate deemed equivalent by the board from a provider approved by the board;

(B) in addition to the continuing education re-

quired to renew the dentist’s license, proof of six hours of continuing education on sedation; and

(C) the renewal fee of \$100.

(d) Before administering enteral conscious sedation or combination inhalation-enteral conscious sedation, each treating dentist shall perform the following:

(1) Review the patient’s medical history and current medications;

(2) for all patients with a severe systemic disease, consult with the patient’s primary care physician or any consulting medical specialist regarding the potential risks;

(3) document that the patient or guardian received written preoperative instructions, including dietary instructions that are based on the sedation technique to be used and the patient’s physical status, and that the patient or guardian reported that the patient complied with the instructions;

(4) obtain from the patient or guardian a signed informed consent form;

(5) evaluate the inhalation equipment for proper operation;

(6) determine that an adequate oxygen supply is available and can be delivered to the patient if an emergency occurs;

(7) obtain the patient’s vital signs and perform a patient assessment; and

(8) confirm the time when the patient last took any solid or liquid by mouth.

(e) During the administration of enteral conscious sedation or combination inhalation-enteral conscious sedation, each treating dentist shall ensure that both of the following conditions are met:

(1) At least one additional staff person who has either a current “basic cardiac life support for the health care provider” certificate from the American heart association or a current certificate deemed equivalent by the board from a provider approved by the board is present.

(2) The following equipment is available and in working order:

(A) A pulse oximeter;

(B) a drug kit that includes an agent to reverse the effects of the sedation agent administered, if an agent to reverse the effects of the sedation agent is commercially available;

(C) a bag-valve mask with patient-appropriate masks that have all connections necessary to attach the bag-valve mask to a 100 percent oxygen source or a separate positive-pressure oxygen source; and

(D) oropharyngeal airways in patient-appropriate sizes.

(f) Whenever enteral conscious sedation or combination inhalation-ental conscious sedation is administered, each treating dentist shall cause the following records to be contemporaneously created. These records shall be maintained, for at least 10 years, as part of each patient's record:

(1) The date, the type of procedure, the personnel present, and the patient's name, address, and date of birth;

(2) documentation of the sedative agents administered, the approximate time when the sedative agents were administered, the amount of each agent administered, and the patient's blood pressure, heart rate, and oxygen saturation readings at the start of sedation and at the end of the surgical or operative procedure and at 15-minute intervals throughout the procedure;

(3) an indication of the extent to which the effects of the sedation had abated at the time of the patient's release;

(4) the gases used, with flow rates expressed in liters per minute or relative percentages, and the amount of time during which each gas was administered;

(5) the full name of the person to whom the patient was released;

(6) a record of all prescriptions written or ordered for the patient; and

(7) each type of monitor used.

(g) During the administration of enteral conscious sedation or combination inhalation-ental conscious sedation and the recovery phase, the treating dentist shall ensure that all of the following conditions are met:

(1) The patient is continuously observed.

(2) The patient is continuously monitored with a pulse oximeter.

(3) The patient's respiration is continuously confirmed.

(4) The patient's blood pressure, heart rate, and oxygen saturation reading are recorded at least every 15 minutes.

(5) The patient's ability to appropriately respond to physical stimulation or verbal command is documented every 15 minutes.

(h) Following the administration of enteral conscious sedation or combination inhalation-ental conscious sedation and during the recovery phase, each treating dentist shall ensure that all of the following conditions are met:

(1) Oxygen and suction equipment are immediately available in the recovery area.

(2) The patient is continuously supervised until oxygenation, ventilation, and circulation are stable and until the patient is appropriately responsive for discharge from the facility.

(3) Written and verbal postoperative instructions, including an emergency telephone number to contact the treating dentist, are provided to the patient, guardian, or any escort present at the time of discharge.

(4) The patient meets the discharge criteria established by the treating dentist, including having stable vital signs, before leaving the office.

(i) Whenever enteral conscious sedation or combination inhalation-ental conscious sedation is administered, each treating dentist shall cause the following information to be entered into a sedation log:

(1) The name of each patient;

(2) the date of administration of each sedative agent; and

(3) the name, strength, and dose of each sedative agent.

Each entry shall be maintained for at least 10 years. (Authorized by K.S.A. 2008 Supp. 65-1444, K.S.A. 2008 Supp. 65-1447, and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444 and K.S.A. 2008 Supp. 65-1447; effective Nov. 19, 2010.)

71-5-11. Level II permit: parenteral conscious sedation. (a) To be eligible for issuance of a level II permit, each dentist shall submit the following to the board:

(1) An application on the form provided by the board;

(2) (A) Evidence of a current "advanced cardiac life support for the health care provider" certificate from the American heart association;

(B) evidence of a current certificate deemed equivalent to the certificate specified in paragraph (a)(2)(A) by the board from a provider approved by the board; or

(C) evidence of satisfactory completion of a simulated office emergency course approved by the board;

(3)(A) Evidence of having successfully completed a course or postdoctoral training program in parenteral conscious sedation that is approved by the board; or

(B) evidence of performance of at least 20 clinical cases of parenteral sedation over the preced-

ing two years, which shall be evaluated by the board;

(4) a level II permit fee of \$150; and

(5) an explanation of any sedation-related mortality or morbidity that occurred to a patient of the applicant during the preceding five years and could have been associated with the administration of a sedative agent.

(b) To be approved by the board, each course or training program specified in paragraph (a)(3)(A) shall meet the following requirements:

(1) Provide comprehensive training in the administration and management of parenteral conscious sedation;

(2) include training in patient evaluation and selection, use of equipment, personnel requirements, monitoring, documentation, patient medical management, and emergency management, including emergency airway management; and

(3) include a minimum of 40 hours of didactic instruction and 20 clinical cases of parenteral conscious sedation.

(c)(1) Each level II permit shall be required to be renewed before the expiration of the dentist's license and as part of the biennial license renewal.

(2) To apply for renewal of a level II permit, each dentist shall provide the following to the board:

(A)(i) Evidence of a current "advanced cardiac life support for the health care provider" certificate from the American heart association;

(ii) evidence of a current certificate deemed equivalent to the certificate specified in paragraph (c)(2)(A)(i) by the board from a provider approved by the board; or

(iii) evidence of satisfactory completion, within the 12-month period preceding the filing of the renewal application, of a simulated office emergency course approved by the board;

(B) in addition to the continuing education required to renew the dentist's license, proof of eight hours of continuing education limited to sedation, which shall include the complications associated with parenteral conscious sedation and their management; and

(C) the biennial renewal fee of \$150.

(d) Before administering parenteral conscious sedation, each treating dentist shall meet all of the requirements specified in K.A.R. 71-5-10(d).

(e) During the administration of parenteral conscious sedation, each treating dentist shall meet the requirements specified in K.A.R. 71-5-10(e) and ensure that an automated external de-

fibrillator or defibrillator is available and in working order.

(f) Whenever parenteral conscious sedation is administered, a record containing the information specified in K.A.R. 71-5-10(f)(1), (3), (4), (5), (6), and (7) shall be contemporaneously created. This record shall include the following:

(1) The name and amount of each fluid administered;

(2) the site of administration of each medication and the type of catheter used, if applicable; and

(3) documentation of the sedative agents administered, the approximate time when the sedative agents were administered, the amount of each agent administered, and the patient's blood pressure, heart rate, and oxygen saturation readings at the start of sedation, at the end of the surgical or operative procedure, and at five-minute intervals throughout the procedure.

These records shall be maintained for at least 10 years as a part of the patient's record.

(g) During the administration of parenteral conscious sedation and the recovery phase, each treating dentist shall ensure that the requirements specified in K.A.R. 71-5-10(g)(1), (2), and (3) and the following conditions are met:

(1) The patient's blood pressure, heart rate, and oxygen saturation reading are recorded at least every five minutes.

(2) The patient's ability to appropriately respond to physical stimulation or verbal command is documented every five minutes.

(h) Following the administration of parenteral conscious sedation and the recovery phase, each treating dentist shall ensure that the requirements specified in K.A.R. 71-5-10(h) are met.

(i) Whenever parenteral conscious sedation is administered, the records required by K.A.R. 71-5-10(i) shall be contemporaneously created. These records shall be maintained for at least 10 years as part of the patient's record. (Authorized by K.S.A. 2008 Supp. 65-1444, K.S.A. 2008 Supp. 65-1447, and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444 and K.S.A. 2008 Supp. 65-1447; effective Nov. 19, 2010.)

71-5-12. Level III permit: deep sedation and general anesthesia. (a) To be eligible for issuance of a level III permit, each dentist shall submit the following to the board:

(1) An application on the form provided by the board;

(2) (A) Evidence of a current "advanced cardiac

life support for the health care provider” certificate from the American heart association;

(B) evidence of a current certificate deemed equivalent to the certificate specified in paragraph (a)(2)(A) by the board from a provider approved by the board; or

(C) evidence of satisfactory completion of a simulated office emergency course approved by the board;

(3)(A) Evidence of having successfully completed a postdoctoral training program that is approved by the board; or

(B) evidence of performance of at least 20 clinical cases of deep sedation or general anesthesia, or both, over the preceding two years;

(4) the level III permit fee of \$200; and

(5) an explanation of any sedation-related mortality or morbidity that occurred to a patient of the applicant during the preceding five years and could have been associated with the administration of a sedative agent.

(b) To be approved by the board, each postdoctoral training program specified in paragraph (a)(3)(A) shall be at least one academic year in duration and shall include training in the administration and management of deep sedation and general anesthesia.

(c)(1) Each level III permit shall be renewed before the expiration of the dentist’s license and as part of the biennial license renewal.

(2) To apply for renewal of a level III permit, each dentist shall provide the following to the board:

(A)(i) Evidence of a current “advanced cardiac life support for the health care provider” certificate from the American heart association;

(ii) evidence of a current certificate deemed equivalent to the certificate specified in paragraph (c)(2)(A)(i) by the board from a provider approved by the board; or

(iii) evidence of satisfactory completion, within the 12-month period preceding the filing of the renewal application, of a simulated office emergency course approved by the board;

(B) in addition to the continuing education required to renew the dentist’s license, proof of eight hours of continuing education limited to sedation, which shall include the complications associated with airways and intravenous sedation and their management; and

(C) the biennial renewal fee of \$200.

(d) Before administering deep sedation or general anesthesia, each treating dentist shall comply

with all of the requirements specified in K.A.R. 71-5-10(d).

(e) During the administration of deep sedation or general anesthesia, each treating dentist shall meet the following requirements:

(1) Ensure that at least two additional staff persons with a current certificate in cardiopulmonary resuscitation for health care providers are present in addition to the treating dentist;

(2) comply with all of the requirements specified in K.A.R. 71-5-11(e); and

(3) ensure that the location at which the deep sedation or general anesthesia is administered has readily available emergency agents and devices necessary to perform advanced cardiac life support.

(f) Whenever deep sedation or general anesthesia is administered, each treating dentist shall contemporaneously cause the records required by K.A.R. 71-5-10(i) and K.A.R. 71-5-11(f) to be created. These records shall be maintained for at least 10 years as part of the patient’s record.

(g) During the administration of deep sedation or general anesthesia, each treating dentist shall ensure that the requirements specified in K.A.R. 71-5-11(g) are met.

(h) Following the administration of deep sedation or general anesthesia, each treating dentist shall ensure that the requirements specified in K.A.R. 71-5-11(h) and the following requirements are met:

(1) End-tidal carbon dioxide monitoring of the patient if an endotracheal tube or a laryngeal mask airway was used during the administration of the deep sedation or general anesthesia; and

(2) the continuous use of an ECG monitor if patient cooperation and the length of the procedure permit.

(i) Whenever deep sedation or general anesthesia is administered, the records required by K.A.R. 71-5-10(i) shall be contemporaneously created. These records shall be maintained for at least 10 years as part of the patient’s record. (Authorized by K.S.A. 2008 Supp. 65-1444, K.S.A. 2008 Supp. 65-1447, and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444 and K.S.A. 2008 Supp. 65-1447; effective Nov. 19, 2010.)

71-5-13. Grounds for refusal to issue permit or for revocation, suspension, or limitation of permit. Any permit authorized by this article may be refused issuance or may be revoked, suspended, restricted, or subjected to any

other action that the board is authorized to take regarding a dentist's license, including assessing a fine, if at least one of the following is established, after providing the dentist with notice and an opportunity for a hearing in accordance with the Kansas administrative procedures act:

(a) The dentist is no longer in compliance with one or more of the requirements of these regulations.

(b) The dentist has, in one or more instances, acted in a way that does not adhere to the applicable standard of dental care to a degree that constitutes ordinary negligence.

(c) The dentist has, in one or more instances, failed to act in a way that adheres to the applicable standard of dental care to a degree that constitutes ordinary negligence.

(d) Facts or conditions that justify the board's taking adverse action against the dentist's license, other than those specified in subsections (a), (b), and (c), exist. (Authorized by K.S.A. 2008 Supp.

65-1444 and K.S.A. 74-1406; implementing K.S.A. 2008 Supp. 65-1444; effective Nov. 19, 2010.)

Article 11.—MISCELLANEOUS PROVISIONS

71-11-1. Practice of dentistry. Each non-licensed person who provides any service or procedure meeting either of the following conditions shall be deemed to be practicing dentistry, unless the person provides the service or procedure under the direct supervision of a dentist licensed and practicing in Kansas:

(a) Alters the color or physical condition of natural, restored, or prosthetic teeth; or

(b) requires the positioning and adjustment of equipment or appliances for the purpose of altering the color or physical condition of natural, restored, or prosthetic teeth. (Authorized by K.S.A. 74-1406(l); implementing K.S.A. 65-1422; effective Aug. 21, 2009.)